

# Oklahoma Education Association/National Education Association 2011-12 Continuous Membership Form

Name \_\_\_\_\_

School District/Institution \_\_\_\_\_ Building Name/Location \_\_\_\_\_

**SOCIAL SECURITY #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Address \_\_\_\_\_

City & State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail \_\_\_\_\_

Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

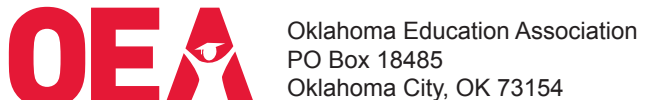
I'd like to receive text messages from OEA.  yes  no

- |   |   |
|---|---|
| <p><b>Subject</b> <i>(check only one)</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Art</li> <li><input type="checkbox"/> Business</li> <li><input type="checkbox"/> Computer/Info Science</li> <li><input type="checkbox"/> Elementary Education</li> <li><input type="checkbox"/> English/Language Arts</li> <li><input type="checkbox"/> Family/Consumer Science</li> <li><input type="checkbox"/> Foreign Language</li> <li><input type="checkbox"/> Health/Physical Education</li> <li><input type="checkbox"/> Industrial Arts</li> <li><input type="checkbox"/> Mathematics</li> <li><input type="checkbox"/> Music</li> <li><input type="checkbox"/> PreK/Kindergarten</li> <li><input type="checkbox"/> Reading</li> <li><input type="checkbox"/> Science</li> <li><input type="checkbox"/> Social Studies</li> <li><input type="checkbox"/> Special Education</li> <li><input type="checkbox"/> Speech and Drama</li> <li><input type="checkbox"/> Vocational/Tech Education</li> <li><input type="checkbox"/> Other _____</li> </ul> | <p><b>Position</b> <i>(check only one)</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Building/Grounds Maintenance</li> <li><input type="checkbox"/> Classroom Teacher</li> <li><input type="checkbox"/> Clerk/Admin Asst/Office Asst</li> <li><input type="checkbox"/> Coach</li> <li><input type="checkbox"/> Cook/Food Prep Worker</li> <li><input type="checkbox"/> Counselor</li> <li><input type="checkbox"/> Custodian</li> <li><input type="checkbox"/> Electrician</li> <li><input type="checkbox"/> Higher Education</li> <li><input type="checkbox"/> Librarian/Media Specialist</li> <li><input type="checkbox"/> Mechanic</li> <li><input type="checkbox"/> Nurse</li> <li><input type="checkbox"/> Paraprofessional</li> <li><input type="checkbox"/> Principal/Asst Principal</li> <li><input type="checkbox"/> Psychologist</li> <li><input type="checkbox"/> Superintendent/Asst Supt</li> <li><input type="checkbox"/> Supervisor/Director</li> <li><input type="checkbox"/> Transportation</li> <li><input type="checkbox"/> Other _____</li> </ul> |
|---|---|

2011-12 Membership Category <small>(check one)</small>	
<input type="checkbox"/> OEA/NEA Active Certified	\$450.00
<input type="checkbox"/> OEA/NEA Active Certified (half-time)	\$235.00
<input type="checkbox"/> OEA/NEA Active Educational Support	\$242.50
<input type="checkbox"/> OEA/NEA Active Educational Support (half-time)	\$131.50
<input type="checkbox"/> OEA/NEA Substitute	\$151.00
<input type="checkbox"/> OEA/NEA Reserve (Former Certified)	\$215.00
<input type="checkbox"/> OEA/NEA Reserve (Former Educational Support)	\$111.50
Local Dues	PCACT \$ _____
Total	\$ _____
<b>Pay Method:</b> <input type="checkbox"/> Cash <input type="checkbox"/> Payroll Deduct	

Dues payments are not deductible as charitable contributions for federal income tax purposes. Dues payments (or a portion) may be deductible as a miscellaneous itemized deduction.

<p><b>ETHNIC MINORITY &amp; VOTER REGISTRATION</b> information is <i>optional</i> and failure to provide it will not affect your membership status, rights, or benefits in OEA/NEA or any of their affiliates.</p>	
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Caucasian
<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> Hispanic <input type="checkbox"/> Multi-Ethnic
Registered Voter?	<input type="checkbox"/> yes <input type="checkbox"/> no
Party Affiliation?	<input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> I
Information is confidential.	



## Membership Authorization

I desire to enroll in the Association as a continuing member and will pay annual dues as set by Delegate Assembly. I reserve the right to revoke this authorization.

For Payroll Deducting Members: I hereby authorize the local Board of Education or the institution where I am employed to deduct from my paychecks, in approximately equal installments during the months agreed to by the local Board of Education or the institution and the local Association, dues for the Association as directed above, in accordance with the policies of the

local Association. This authorization shall continue for successive fiscal years unless revoked or employment is terminated.

I agree to hold the Board of Education or institutions harmless for said deductions. I understand that in the event any amount payable is not deducted from my paycheck it remains an obligation that is fully enforceable by the OEA. I further recognize that the benefits of membership, including but not limited to participation in group insurance programs and legal services, are contingent upon the continuance of membership.

**X**  
 \_\_\_\_\_  
**Member Signature** **Date**  
 Membership is open to those who agree to subscribe to OEA's objectives and abide by its constitution and bylaws.

**NEA Complimentary Life Insurance<sup>SM</sup>**  
 Membership includes free life insurance and accidental death and dismemberment coverage for eligible members. New members need to designate a beneficiary at [neamb.com/insurance/linall.jsp](http://neamb.com/insurance/linall.jsp) or call 800-637-4636.